CAMPAIGN TREASURER'S REPORT SUMMARY							
Name (2) 9930 Collins Avenue Address (number and street) Bah Harbour, FL 33150 City, State, Zip Code	OFFICE USE ONLY (4)						
Check here if address has changed (3) ID Number: (4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) (3) ID Number: Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed							
(5) Report Identifiers Cover Period: From 6 / 1 / 20 To 6 / 30 / 20 Report Type: M 6 Original Amendment Special Election Report							
(6) Contributions This Report Cash & Checks \$,, 000 00	(7) Expenditures This Report Monetary Expenditures \$,,,						
Loans \$	Transfers to Office Account \$						
	(8) Other Distributions \$, , O O						
(9) TOTAL Monetary Contributions To Date \$, \(\) \(\) \(\) \(\) \(\) \(\)	(10) TOTAL Monetary Expenditures To Date \$,,2 . 6 \(\sigma\)						
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete:							
(Type name) A Ch aum Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	(Type name) Aui A Chaum Chairperson (only for PC and PTY) X Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	David Albaum		(2)	I.D. Number			
(3) Cover Period 6 / 1 / 20 through 6 / 30 / 20 (4) Page 1 of							
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	- !	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
6,2,20	Whitman Family Dev. H20Lincoln Rd #320 33139		CEO				
	420 LINCOLN Rd		Writman Family Dev.				
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES DAUGA ALBAUM (2) I.D. Number (1) Name 6/1/20 through 6/30/20 (3) Cover Period (4) Page ___ (8) (9) (10) (11) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure contribution to a Street Address & Sequence Type Amount City, State, Zip Code candidate) Amendment Number 2.60